Special excerpts from

LOCAL RESPONSES TO HOMELESSNESS:

A Planning Guide for B.C. Communities

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Introduction

Homelessness is an issue of growing concern to many British Columbians.

Although it isn't a new problem, some communities in B.C. are noticing homelessness for the first time. This guide has been developed to help address the complex housing needs of communities and the people within them who are homeless or on the verge of becoming homeless.

Case studies and examples in the guide illustrate the joint efforts of community groups and agencies, all levels of government, health authorities, private business and labour unions in reducing homelessness.

An advance look at the guide

The guide will be divided into seven main sections.

Section 1 sets out the purpose of the guide and provides highlights of the contents.

Section 2 is an overview of homelessness in B.C. stating that there are people living outdoors or on the street in communities throughout British Columbia. There are also people who are at risk of becoming homeless.

Three specific problems produce a population at risk of becoming homeless:

- An inadequate supply of affordable and appropriate housing
- Insufficient income (employment or income support)
- Lack of appropriate support services for those who need them
- The lack of one or any combination of these can lead to homelessness

Section 3 describes the roles of federal and provincial governments, and the challenges facing local governments, health authorities and community agencies in addressing homelessness.

Health authorities play a vital role in addressing homelessness by funding support services for individuals with complex health and social needs. Examples and case studies throughout this guide illustrate a variety of ways that health authorities have contributed to the overall success of projects that reduce homelessness.

Section 4 outlines five ways to understand homelessness that include:

- reviewing existing data
- counting homeless individuals who are not in shelters
- learning more about individuals who use shelters
- learning more about individuals most at risk of homelessness
- learning more about housing in your community.

This section concludes with a checklist of steps for collecting data that will help to improve understanding of homelessness in your community.

Section 5 describes in detail, using examples and case studies, key tools and strategies available to local governments, community agencies and health authorities to address homelessness.

Many local governments in B.C. are currently using a range of tools and resources to address homelessness. These include standards of maintenance bylaws, secondary suite policies and conversion control bylaws that help preserve and maintain existing affordable rental housing.

Examples and case studies illustrate additional roles for local governments: contributing funding; donating buildings; providing strong council and staff support; initiating ideas; and, assisting with the organization and administration of initiatives.

Section 6 provides a synopsis of lessons learned from the case studies and things to think about when considering local solutions to reduce homelessness.

Appendix A provides descriptions of successful projects and contact information. Additional appendices provide checklists and other resources.

Highlights

The following are highlights of community responses to homelessness presented in the guide.

Community involvement

Individuals and organizations with diverse interests often work together to find solutions to common concerns. The best solutions are built locally by people who take a long-term interest in addressing challenges in their community. The success of some projects showcased in this guide is the result of:

- A combination of strong community and local government support together with provincial government funding
- Community input and involvement
- Involving neighbours, especially in exterior building design.
- Seeing potential tenants as having skills and assets, not just needs
- Building trust among potential neighbours, potential tenants and community agencies

Factors contributing to homelessness

The factors contributing to homelessness are different for every person, and for every community. In Nelson, a coaltion of agencies developed a needs assessment that identified a diverse list of reasons why people lost their housing:

- families evicted
- individuals out of hospital with no support network
- individuals with chronic mental illness discharged from the regional psychiatric ward
- out–of–town patients waiting for day surgery at the regional hospital
- individuals or families who lost their homes due to vandalism or fire
- youth and adults leaving abusive homes or relationships

The Nelson coalition found it needed to clearly identify local reasons before developing solutions.

Project planning and development

Building any form of housing is a complex and time consuming process, requiring the involvement of a number of experts. Community groups and local

governments have been most successful in preserving or developing housing for individuals and families at risk of homelessness by:

- Setting realistic goals, and being persistent in achieving these goals
- Having a flexible approach – trying different solutions to address issues

In developing programs, many groups have found a successful strategy is to make services fit the people instead of people fit the services.

Emergency shelters

Providing emergency shelter can be an important element of an overall response to homelessness. This guide provides examples of a variety of shelters that serve different groups of people including: shelters for individuals who are chronically homeless, minimal barrier shelters, and shelters for women and youth.

In addition to provincial funding for shelters, important contributions are made by local governments, health authorities and community groups in the provision of emergency shelters. Local governments can assist in the location of shelters through inclusive zoning. Health authorities often provide services to people in need of emergency shelter. Community groups advocate for the continuum of housing options which range from emergency shelter to supportive housing to independent living. Community groups often serve as a catalyst in bringing all the partners together.

Innovative development agreements

The Edge (case study will be in the full version of the guide) is a mixed income housing project in Vancouver with rental and strata-titled units. This example shows how new low-rent housing can be developed with no capital grants or operating subsidies from any level of government. As part of the rezoning of industrial land to allow the 150 live/work units, the developers entered into a housing agreement with the City of Vancouver, through which they provided 22 rental units to the city at no cost. The city purchased an additional eight units. Their costs will be recovered through the rent income from all of the city's units. Once the mortgage is paid, rental income will add to the City's Affordable Housing Fund, to be used for other projects. This is a mechanism to provide publicly–owned housing in perpetuity with no public subsidy.

Supportive housing

Individuals often stabilize their lives and re-establish connections with the community when personal support services are combined with housing. The

Portland Hotel Society case study (page 11) illustrates an approach to providing supportive housing. The society is committed to helping residents maintain their tenancy and offering support services that tenants may not have been able to benefit from in the past.

The case study shows the supportive environment is enhanced by staff who have extensive training and development.

Avoiding homelessness

Many community agencies throughout North America have been successful in helping people to avoid becoming homeless by helping them stay in their homes. Some strategies illustrated in the guide include:

- Informing tenants of their rights and obligations
- Helping tenants negotiate with landlords or mediate a settlement
- Providing tenants with a loan or grant to pay arrears
- Linking tenants with services to help them find other accommodation

Breaking the cycle of homelessness

For some people, affordable housing is not sufficient to break the cycle of homelessness. They require a more comprehensive approach that involves addressing some of the underlying issues related to homelessness, such as the need for appropriate housing, support services, and employment opportunities.

The full guide will include two case studies that reduce homelessness by taking a holistic approach. Central City Concern in Portland Oregon provides a continuum of services that link housing, drug and alcohol treatment, and job initiatives. Eva's Phoenix in Toronto works with many partners to help homeless youth by providing transition housing, employment training, and the development of life skills.

Cool Waters: An Inclusive Community Process

Unique aspect of this initiative

Cool Waters is a 20–unit non–profit housing complex created for a diverse mix of lower income singles. It is operated by the Port Alberni Non–Profit Housing Association (PANPHA). This project is an example of how diverse interests and organizations can come together to act on a common concern about access to safe and affordable housing.

Background: the community development process

In 1994, planning for Cool Waters began as the result of an anti-poverty forum about housing and other issues of importance to people in Port Alberni. Forum participants said it was becoming increasingly difficult for people to find decent, safe, affordable housing.

A working group on housing was formed as a result of the forum. The group used a $5,000 Community Housing Initiatives (CHI) grant from BC Housing to canvass the community for groups prepared to work together and to identify actions that should be taken.

In 1995, six agencies formed a coalition that led to the formation of PANPHA:

- Port Alberni Women's Resources Centre
- Mental Health Services
- Port Alberni Friendship Centre
- Family Guidance (a community group that works with people on low incomes)
- Citizens Advocacy (a group that works with individuals with developmental disabilities)
- Ministry of Social Services (currently represented by the Ministry of Social Development and Economic Security)

In 1996, PANPHA received an additional $20,000 CHI grant to continue their work in increasing understanding of Port Alberni's housing issues. Maintaining interest in this prolonged community development process was challenging, especially for those groups who normally worked on short–term projects.

A tragic event in the community was a vivid reminder of the issues raised at the anti–poverty forum. An Aboriginal woman burned to death in a local slum apartment; she was unable to escape because of a broken doorknob.

PANPHA and the planning team next looked at the capacities and needs of people in the community. Working with a consultant, they invited community groups and key leaders, such as the mayor and BC Housing staff, to a one–day workshop at the local college. Participants decided that the priority was to create housing for single people and for a variety of individuals with special needs, such as a mental illness.

Anticipating concern from neighbours, they organized a public meeting. PANPHA Administrator Denny Durocher recalls: *"We knew the nearby residents were mad as hell, and that they were really concerned about this place being ugly...They were also concerned about the type of people that the project would bring into the neighbourhood."*

To resolve these concerns, PANPHA invited local resident representation on the design committee and on the tenant selection committee. Through a series of meetings, nearby residents further clarified their concerns and interests, and had meaningful input in planning the project, particularly the exterior design.

The PANPHA board also received valuable advice from a planner with the City of Port Alberni, who had experience working on innovative social housing developments.

In April 1999, tenants began to move in. The original tenants included 11 women and nine men. Of this group, four had First Nations heritage, seven were over fifty years of age, four were in their twenties, four individuals had developmental disabilities, three use wheelchairs, five individuals used mental health services, and seven were overcoming alcohol and drug dependencies.

The name "Cool Waters" was selected through a community consultation which asked: 'what is the name of the thing that situates this place in the world?' Cool Waters is a translation of *maalth-tsit*, the original name of a nearby creek.

"Bricks and Mortar"

In June 1998, construction began. The project includes 20 one–bedroom units in a two–storey "U" shaped structure. Unit sizes range from 550 to 635 square feet: two units are fully wheelchair accessible and two more are designed to be adapted to accessible units when necessary. The exterior is clad in high quality cedar siding, which was provided by MacMillan Bloedel at a low cost.

The design is intended to foster tenant interaction, encourage neighbours to look out for each other, and to enhance security. The units face a Mediterranean–style courtyard with a wheelchair accessible herb garden. A separate building contains a common room, a laundry room, and a kitchen. Through an agreement with the City, a community garden was developed in the area originally designated for eight of the 20 parking spaces.

Services to tenants

The PANPHA Board is committed to fostering ongoing tenant involvement. The Cool Waters Tenant Council, established in September 1999, has carried out a wide variety of activities, including setting up an emergency fund/lending circle, organizing community dinners, coordinating crime prevention education, and developing an Emergency Response Committee.

In March 2000, PANPHA was working with provincial government agencies and the health authority to provide support services on site.

Roles of the key players

Participant type	Name	Role/Contribution
Non–profit society	Port Alberni Non-Profit Housing Association	Leadership, coordination, consultation with constituent groups, management
Community	Neighbours, other individuals	Participated in forum and workshop; local resident representation on design and tenant selection committees
Local government	City of Port Alberni	Strong advisory support through development process
Provincial government	BC Housing	Provided Community Housing Initiatives grants, capital and operating costs through HOMES BC (originally HAR and then LIUS components)
	BC Buildings Corporation Ministry of Health	Provided land, valued at $186,000. Mental Health Services donated $3,000 to help with community organization
Private sector	MacMillan Bloedel	Provided cedar siding at low cost

Factors related to success

- A combination of strong community and local government support together with provincial government funding
- Asking for community input and involvement
- Seeing potential tenants as having skills and assets, not just needs
- Involving neighbours, especially in exterior building design and tenant selection

Lessons learned and transferability

- Be respectful of the individuals the initiative intends to serve
- Build trust among potential neighbours, potential tenants and community agencies
- Let the community own the problem and the solution

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Portland Hotel Society: No Eviction Approach

Unique aspect of this initiative

The Portland Hotel Society in Vancouver has a management philosophy and commitment to accommodate individuals who have difficulty finding and remaining in housing. This project is an example of a no–eviction management policy. Tenants do not get evicted from the Single Room Occupancy (SRO) hotel, regardless of how they act.

Background

In 1991, the Portland Hotel initiative began when the Downtown Eastside Residents Association (DERA) saw an opportunity to preserve the housing stock. The hotel had many vacant rooms because the owner wanted to sell the building. DERA negotiated to rent the rooms, and hired a staff person to be responsible for the tenants.

In 1993, arrangements were formalized with the incorporation of the Portland Hotel Society. A few years later, the society took on the responsibility for managing the hotel and working with the tenants. The society found that no agencies existed to provide housing for individuals who are the most difficult to house.

Tenants at the Portland Hotel include single persons and couples who are able to live independently with or without support services. Many are mentally ill, are addicted to drugs or alcohol, or are both. Many have a variety of chronic illnesses, including hepatitis A, B and C, tuberculosis, and cellulitis. Close to half the tenants are HIV positive.

Between 1991 and 1999, the average resident had lived at three different addresses in the year before they moved to the Portland Hotel. In 1999, the average length of stay at the Portland was just over three years. This length of stay and the fact that there has never been a suicide at the Portland Hotel indicate that the housing environment is helping the tenants achieve greater stability in their lives.

The Portland Hotel Society began its management approach at the Portland Hotel, and extended it to the Sunrise, Washington and Regal Hotels in Vancouver's Downtown Eastside. In addition, the Portland Hotel Society is the non-profit sponsor for the New Portland Hotel which is being built to replace the existing Portland Hotel.

"Bricks and Mortar"

The Portland Hotel is a 5–storey older hotel in Vancouver's Downtown Eastside. It has 69 rooms ranging from 150 to 250 square feet, each with a sink and fridge. Each floor has a shared shower, two shared toilets, and one communal kitchen. The building also has a lounge and TV area, a small kitchen and laundry room, medical clinic, and activity room. The entrance lobby provides an area where people can meet and get to know each other. The building does not have an elevator. It has a video security system. Rent is equal to the BC Benefits shelter allowance.

The Portland Hotel Society leases the entire building from the owner. The agreement expires mid–2000, and because of uncertainty as to whether the lease arrangement would continue, as well as the condition of the building, the society began work on the New Portland Hotel in 1999.

The New Portland Hotel was planned to have 87 units, including:

- 60 studio units with a private toilet and shower, bar fridge, microwave, and sink
- 6 one–bedroom units with a kitchenette
- 8 wheelchair accessible units with full kitchens
- 12 one–bedroom units with full kitchens
- 1 two–bedroom emergency unit on the main floor

The New Portland Hotel will also have a common kitchen, laundry facility and lounge area on each floor, a cafeteria for tenants on the main floor, a TV lounge in the front entrance, and one elevator. Common space will be available so that public health services can be provided on site.

Services to residents

- Two mental health care workers are employed by the Portland Hotel Society to provide 24–hour staffing. They manage and maintain the building, and are responsible for working with tenants. The Greater Vancouver Mental Health Services Society (GVMHSS) funded these staff until April 2000, when the Vancouver Richmond Health Board took over its services

- Four full–time home support workers make up a team that provides cleaning and personal care. Through this innovative model of service delivery, the Portland Hotel Society recruits and trains staff, although they

are employed by a downtown home support agency. The total hours of service required by tenants are addressed by this team. This differs from the past, when several workers assigned to individuals would be in and out of the Hotel

- A doctor and nurse are available five days a week. The doctor is contracted to work with the Portland Hotel Society through the Vancouver Richmond Health Board, while the nurse is a health board employee

- A podiatrist on contract with the Portland Hotel Society sees patients to the building once a month

In addition, the Portland Hotel Society contracts for a variety of other services. The following are funded by the Vancouver Richmond Health Board:

- A nutritionist, working with tenants who participate in a protein supplement program
- Counseling
- Massage and acupuncture therapy
- An art group and poetry group, facilitated by local artists and poets
- A hair stylist

Activities include trips and outings organized by staff and a running club initiated by a resident in another SRO hotel.

All of these services will continue at the New Portland Hotel.

Role of key players — existing Portland Hotel

Participant type	Name	Role/Contribution
Non-profit society	Portland Hotel Society	Responsible for this initiative. Determined the target group to be served, and set realistic goals. Works with community agencies to access services and to cooperate in advocating to meet the needs of their clients. The Board of Directors is also involved in fundraising.
	Greater Vancouver Mental Health Services Society (GVMHSS)	Supported this initiative right from the start as part of a continuum of services. Provided the funding to make it possible to have 24 hour staffing.
Health authority	Vancouver Richmond Health Board	Provides funding for a variety of services through its Hospice Program (doctor, nurse, medical supplies) and its Alcohol and Drug Respite Detox Program (e.g. massage and acupuncture therapy); continued GVMHSS programs after April 2000.
Community organization	Downtown Eastside Residents Association (DERA)	Identified the opportunity to provide housing at the Portland Hotel and entered into an arrangement with the owner to rent the rooms.
Provincial government	BC Housing	Funded capital and operating costs
	Ministry of Health	Worked with the Portland Hotel Society to provide a unique model of home support delivery.

Many organizations are involved in providing funding for the new building being developed by the Portland Hotel Society. The City of Vancouver provided the land at a discounted cost. The provincial government provided funding through the Ministries of Attorney General, Health and Social Development and Economic Security as well as BC Housing. The GVMHSS, the Vancouver Richmond Health Board and the federal government also provided funding.

Portland Hotel Budget 1999/2000

Revenue

Resident Rent	$252,594
GVMHSS	$524,114
BC Housing	$194,796
Donations	$2,600
Total	**$974,104**

Expenses

Staffing costs (e.g. wages, benefits, training)	$483,861
Building operational costs (e.g. rent/mortgage, utilities, appliances)	$187,436
Repairs and maintenance (e.g. supplies, labour, plumbing)	$173,487
Residential operational costs (e.g. food/beverage, activities)	$24,414
Residential service/supplies Bin house	$1,261
Administration (centralized admin costs, accounting, audit)	$103,645
Total	**$974,104**

Factors relating to success

- Setting realistic goals, and being persistent in achieving these goals.
- Having a flexible approach — trying different solutions to address issues.
- Making services fit the people instead of people fit the services.
- Providing extensive staff development programs.

Major obstacles or barriers

- The condition of the building, which is old and run down
- A lack of funding for food and other types of assistance that would benefit tenants
- Gaps in programs and funding; a lack of flexibility to meet the needs of tenants

Lessons learned and transferability

- Developing partnerships with as many organizations in the community as possible, including service agencies, community groups and police helped build support. Working with others helped build trust. If other organizations know you can help them deal with issues they face, they are often willing to provide services or funding support as needed

- Developing a coordinated service delivery model that would work for the residents took a great deal of time (five years) and required a great deal of flexibility on behalf of sponsors and funding agencies

- Having staff that are trained, respectful and patient contributes to the success

Similar initiatives

Unaware of any

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